PA	TENT A	APPLICATIO Effect	N FEE C			ON RECO	RD	6	09/7	2.	794	9
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			21		**		RAT	Έ	FEE	1	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2   minus 20=		• 1		X\$	X\$ 9=		OR	X\$18=	18.00
INDEPENDENT CLAIMS			3 minus 3 =		0		X40	X40=		OR	X80=	
MULTIPLI	E DEPEN	DENT CLAIM P	RESENT				+13	 5=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	128.V	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								LL I	ENTITY	OR	OTHER SMALL	THAN
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Indep		. 23	Minus	2	18	= 2	X\$ 9	9=		OR	X\$18=	36
Indep	endent	NTATION OF M	Minus		T CLAIM	1=2	X40	)=		OR	X80=	172
FIRS	PRESE	NTATION OF M	OLTIPLE DI	PENDEN	CLAIM		+13	5=		OR	+270=	
							TC ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	T	(Colu		(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Indep		•	Minus	**		= .	X\$ 9	9=		OR	X\$18=	
Indep	endent		Minus	***		=	X40	)=		OR	X80=	
FIRS	PHESE	NTATION OF M	ULTIPLE DI	PENDEN	CLAIM		+135	5=		OR	+270=	
							TC ADDIT.	TAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDII.				ADDIT. FEE	
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IEST IBER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Indep		*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
Indep	endent	*	Minus	***		=	X40	_	F-31		X80=	
FIRS	T PRESE	NTATION OF M	ULTIPLE D	EPENDEN	T CLAIM		]	-	1	OR		
* if the er	ntry in colu	mn 1 is less than t	he entry in co	olumn 2 write	e "0" in co	ilumn 3.	+135			OR	+270=	
" If the "F	lighest Nu lighest Nu	mber Previously P mber Previously P aber Previously Pa	aid For" IN T	HIS SPACE I	is less tha is less tha	in 20, enter "20. an 3, enter "3."	" ADDIT. I		oropriate bo	OR	TOTAL ADDIT. FEE lumn 1.	

**Application or Docket Number**